



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

VAD988214995  
CSX CORPORATION  
PO BOX 85629  
RICHMOND , VA 23261  
RICHARD ROBINSON SUPER OFF SVCS

INSTALLATION ADDRESS

901 E CARY ST  
RICHMOND , VA 23219



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA****Notification of  
Regulated Waste  
Activity**

United States Environmental Protection Agency

**PROVISIONAL**  
Date Received  
(For Official Use Only)  
~~ONE TIME USE ONLY~~**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☒**A. First Notification**☐**B. Subsequent Notification**  
(complete item C)**C. Installation's EPA ID Number**

VAD 988214995

**II. Name of Installation (Include company and specific site name)**

C S X C O R P O R A T I O N

**III. Location of Installation (Physical address not P.O. Box or Route Number)****Street**

9 0 1 E A S T C A R Y S T R E E T

**Street (continued)****City or Town**

R I C H M O N D

**State**

V A

**ZIP Code**

2 3 2 1 9 -

**County Code** **County Name**

760

R I C H M O N D

**IV. Installation Mailing Address (See instructions)****Street or P.O. Box**

P O B O X 8 5 6 2 9

**City or Town**

R I C H M O N D

**State**

V A

**ZIP Code**

2 3 2 6 1 -

**V. Installation Contact (Person to be contacted regarding waste activities at site)****Name (last)**

R O B I N S O N

**(first)**

R I C H A R D

**Job Title**

S U P E R . O F F . S V C S .

**Phone Number (area code and number)**

8 0 4 - 7 8 3 - 1 3 7 2

**VI. Installation Contact Address (See instructions)****A. Contact Address**  
**Location** **Mailing**☒**B. Street or P.O. Box**

P O B O X 8 5 6 2 9

**City or Town**

R I C H M O N D

**State**

V A

**ZIP Code**

2 3 2 6 1 -

**VII. Ownership (See instructions)****A. Name of Installation's Legal Owner**

C S X C O R P O R A T I O N

**Street, P.O. Box, or Route Number**

9 0 1 E A S T C A R Y S T R E E T

**City or Town**

R I C H M O N D

**State**

V A

**ZIP Code**

2 3 2 1 9 -

**Phone Number (area code and number)**

8 0 4 - 7 8 3 - 1 3 7 2

**B. Land Type**

P

**C. Owner Type**

P

**D. Change of Owner**  
**Indicator**

Yes

No

**(Date Changed)****Month****Day****Year**



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions) ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify
- ☐ 4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification  
☐

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

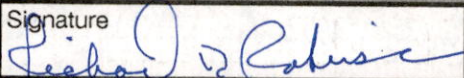
1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Richard D. Robinson

Signature



Name and Official Title (type or print) Supervisor

Office Services &amp; Fleet Maintenance

Date Signed

4/9/92

## XI. Comments

Resource Recovery - Environmental Technology of North America, Inc.

Transporter ID Number - VAD 982661357

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)